

# Foster Family Home - Corrective Action Report

Provider ID: 4-525272

Home Name: Renee Rames, CNA

Review ID: 4-525272-7

677 Maika Place

Reviewer: David Ayling

Wailuku

HI 96793

Begin Date: 9/12/2018

End Date: 9/12/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/12/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date